

# New Jersey Department of Personnel

## Hiring Freeze Exemption Request

<b>Date of Request</b>	<b>Priority #</b>	<b>ERI Vacancy? (Please Circle)</b>
		<b>Yes                      No</b>
<b>Department</b>		<b>Division/Bureau/Institution</b>
<b>Title of Position</b>		<b>Number of Positions</b> ( Please List Corresponding Position Numbers on separate sheet)
<b>First Position Number</b>		<b>Title Code/Range</b>
<b>Funding Source</b> ____ <i>State</i> ____ <i>Federal</i> ____ <i>Other (please specify)</i> _____ _____		<b>Account Number</b> _____ <b>Type of Position(s):</b> ____ <i>Full Time</i> ____ <i>Part Time</i> ____ <i>Hourly</i>
<b>ERI Coordinator Name (If this is an ERI Vacancy)</b>		<b>Affirmative Action Officer Name</b>

<b>Justification</b>		
<b>Is there a statutory requirement for this position?</b> If Yes, please specify _____	____ <b>Yes</b>	____ <b>No</b>
<b>Does this position require specialized skills or licenses that current staff do not possess?</b> If Yes, please specify _____	____ <b>Yes</b>	____ <b>No</b>
<b>Does this position require specialized training that current staff do not possess?</b> If Yes, please specify _____	____ <b>Yes</b>	____ <b>No</b>
<b>Describe the mission critical need for this position.</b>		
<b>Why can't other resources be assigned to cover the duties of this position?</b>		

*I agree with the above statements and request this position to be filled.*

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Cabinet Officer Signature
Date

DOP: _____	<input type="checkbox"/> Approved	OMB: _____	<input type="checkbox"/> Approved
Date: _____	<input type="checkbox"/> Disapproved	Date: _____	<input type="checkbox"/> Disapproved
Governor's Office: _____	<input type="checkbox"/> Approved	Returned to Agency:	
Date: _____	<input type="checkbox"/> Disapproved	Date: _____	

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List of Corresponding Position Numbers

Department \_\_\_\_\_ Division/Bureau/Institution\_\_\_\_\_

Title of Position \_\_\_\_\_ Title Code/ Range \_\_\_\_\_

Priority Number \_\_\_\_\_

First Position Number	Corresponding Position Numbers